

EXHIBIT H

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

In re Terrorist Attacks on September 11, 2001	03-md-1570 (GBD)(SN)
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This document relates to:

BNY Mellon, et al. v. Islamic Republic of Iran, No. 1:19-cv-11767 (GBD) (SN)

DECLARATION OF FAMILIAL RELATIONSHIP

I, Jesse Kemp, declare under penalty of perjury, as provided for by 28 U.S.C. § 1746, that the following statements are true and correct:

1. My name is Jesse Kemp, and I am the step-daughter of Timothy Haviland¹ (“Timothy”) who died on September 11, 2001 (“9/11”) when the World Trade Center collapsed. I submit this Declaration to demonstrate I am the functional equivalent of Timothy’s daughter.

2. In 1997, Timothy came into my life when he started dating my mother. I was 8 years old at the time. A few months later, when Timothy started a job at the World Trade Center, he moved into our home and we became a family. Shortly after, Timothy and my mother bought a home together. In late 1998, Timothy and my mother got engaged and, in August 1999, they got married. I remember going to the courthouse with my brother to see the ceremony.

3. Timothy supported our family and took care of us. In addition to financial support, he treated me like his daughter, both emotionally and socially, and made our family whole. Timothy was a true family man. He cooked family dinners, drove us to school, came with us on field trips, took us to the movies, took us bowling and to play miniature golf, organized family board game nights, and took us on trips to Eisenhower Park and to the beach.

¹ Timothy did not have any biological children.

4. Timothy strongly believed in education and helped me with my homework and made sure I did well in school. He was a voracious reader and loved taking me to the bookstore to read and pick out new books.

5. One of my fondest memories is when Timothy taught me how to roller skate. Timothy loved the outdoors, and we frequently went on walks and rode our bikes. He was also very handy and taught me crafting and pottery. I remember when we made plates and bowls that we eventually ate out of. We had so many wonderful times together and looked forward to spending more time and creating more memories together.

6. There is no doubt that I was Timothy's family. We visited Timothy's parents, brothers, and sisters, and each year (including several years after 9/11) his parents sent my brother and I Christmas gifts. His family knew how much we meant to Timothy. My family spent every holiday with Timothy and our extended family (e.g., aunts, uncles, cousins), and we decorated the Christmas tree as a family every year.

7. Timothy and I had a special bond and were very close. Timothy made it known to others that I was his daughter, and I referred to him as my father. He gave advice (and, of course, discipline) like any loving father. My biological father and I were not close and he did not play an important role in my life. After my parents divorced, I saw my biological father only sporadically. Timothy filled that void and was the father figure in my life. It meant so much to me that he was always present and made sure I felt important and taken care of.

8. In fact, my brother and I received workers' compensation, social security benefits, and funds from the September 11th Victim Compensation Fund. *See Exhibit 1.* Additionally, my sister and I were claimed dependents on Timothy's tax returns. *See Exhibit 2.*

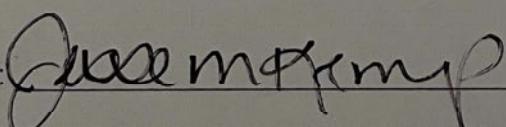
9. 9/11 ripped our family apart. I will never forget that horrible day. My school announced that a plane crashed into the World Trade Center and my aunt picked me up from school and told me that Timothy was in the building. My uncle was a firefighter who was also at the World Trade Center. My whole family came to my house and we waited anxiously to hear news about Timothy and my uncle.

10. We did everything we could to find Timothy and my uncle. We filed missing persons reports, drove to the train station every day for weeks hoping they would be there, and called hospitals to see if there were any patients with their names. We did not want to believe that they left this world so suddenly and unexpectedly, but we eventually had to accept the terrible truth that they were really gone. Following the death of Timothy and my uncle, I had a difficult time processing their passing.

11. When I woke up on 9/11, I never imagined I would never see Timothy again. I feel his loss every day and share fond memories of him.

12. Timothy and I had a very close relationship and considered each other to be father and daughter in every way. Accordingly, I should be deemed the functional equivalent of his daughter.

Executed on: 10/16/21

Name (Signature): 

Name (Print): Jesse Kemp

EXHIBIT 1



**U.S. Department of Justice
September 11th Victim Compensation Fund**

P.O. Box 18698
Washington, D.C. 20036-8698

December 26, 2002

AMY L. HAVILAND
[REDACTED]

OCEANSIDE, NY
USA

Dear AMY L. HAVILAND:

This letter acknowledges receipt of your decision to accept the presumed award amount of **\$1,235,905.92**. Your decision was received on December 24, 2002 and has been added to your claim file.

Claim No.: [REDACTED]

Victim Name: TIMOTHY AARON HAVILAND

Please retain your claim number for future reference. You will need to provide this number in any future correspondence and for future inquiries.

If you have any questions regarding your application, please feel free to call the toll-free Help Line at 1-888-714-3385, 1-888-560-0844 for the hearing impaired (TDD); from outside the United States, please call collect at 212-625-1645.

Every effort will be made to respond to your application and/or inquiries as soon as possible.

Sincerely,
September 11th Victim Compensation Fund



U.S. Department of Justice

Victim Compensation Fund

P.O. Box 18698
Washington, D.C. 20036-8698

May 6, 2003

AMY L. HAVILAND
[REDACTED]

OCEANSIDE, NY [REDACTED]

Dear AMY L. HAVILAND:

As you requested, here is a breakdown of the offsets included in calculating your award. These offsets consist of \$168,196.20 to the Estate, \$277,550.82 to Amy Haviland, \$59,763.53 to Nicholas Kemp, and \$104,857.53 to Jessica Kemp. The breakdown is the following:

- Past Social Security to Amy Haviland of \$4,156.40.
- Past and Future Social Security to Nicholas Kemp of \$44,949.67.
- Past and Future Social Security to Jessica Kemp of \$73,094.67.
- Past Workers Compensation to Amy Haviland of \$8,391.43.
- Past and Future Workers Compensation to Nicholas Kemp of \$14,813.86.
- Past and Future Workers Compensation to Jessica Kemp of \$31,762.86.
- Marsh Payment - Three Months' Base Pay to Estate of \$18,327.
- Marsh Payment - Supplemental Death Benefit to Estate of \$3,000.
- Marsh Payment - Special Death Benefit from Employer to Amy Haviland of \$5,000.
- Life Insurance Paid to the Estate of \$147,000 less premiums of \$130.80.
- Life Insurance Paid to Amy Haviland of \$260,024.59 less premiums of \$21.60.

I hope this information satisfies your request. Please contact me at (703) 741-2272 if you have any questions.

Sincerely,

Jessie Margolis
Adjudicator
Victim Compensation Fund



**U.S. Department of Justice
September 11th Victim Compensation Fund**

P.O. Box 18698
Washington, D.C. 20036-8698

disclaimer required by state law.

- Finally, the Special Master has authority to re-allocate the distribution where necessary to appropriately compensate the victim's spouse, children, or other relatives.



**U.S. Department of Justice
September 11th Victim Compensation Fund**

OMB NO.: 1105-0079

EXPIRATION DATE: 6/30/2003

P.O. Box 18698
Washington, DC 20036-8698

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete the form is 30 minutes. A survey contact person will call each agency to answer questions and to facilitate getting the information in an effort to make the response reasonable, easier to complete, and less time-consuming. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Victim Compensation Fund, P.O. Box 18698, Washington, D.C. 20036-8698.

Authorization For Release of Information

I Authorize the U.S. Department of Justice to obtain any information relating to my application for representative payee under the September 11th Victim Compensation Fund of 2001 (Compensation Fund) from individuals or other sources having information relating to my application for representative payee.

I Further Authorize the U.S. Department of Justice to disclose any records or information relating to my application for representative payee to agency contractors assisting in the administration of the Compensation Fund; other federal, state, or local agencies; and other individuals or entities having information related my application for representative payee.

I Further Authorize the U.S. Department of Justice to publish the name of the person who has filed this application and the name of the minor to whom it relates.

I Further Authorize the release of information relating to my application for representative payee where such information indicates a violation or potential violation of law, including submission of fraudulent claims, to any civil or criminal law enforcement authority or other appropriate agency charged with responsibility of investigating or prosecuting such a violation.

I Further Authorize individuals having information pertinent to my application for representative payee to release such information to a duly accredited representative of the Department of Justice during the review of my application for representative payee to the Compensation Fund, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon my written termination whichever is sooner.

Amy L. Haviland
Name (please print first, middle and last)

Amy L. Haviland
Signature

5/6/03
Date

EXHIBIT 2

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 1999

(99) IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 1999, or other tax year beginning _____, 1999, ending _____, OMB No. 1545-0074		
Label (See instructions.)	Your First Name _____ MI _____ Last Name _____	Your Social Security Number _____
Use the IRS label. Otherwise, please print or type.	If a Joint Return, Spouse's First Name _____ MI _____ Last Name _____	Spouse's Social Security Number _____
Presidential Election Campaign (See instructions.)	Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No. _____ [REDACTED]	
	City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code _____ Oceanside NY [REDACTED]	
	► Do you want \$3 to go to this fund? _____ If a joint return, does your spouse want \$3 to go to this fund? _____	
Filing Status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing joint return (even if only one had income) <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above & full name here ... ► <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ... ► <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ► 19 _____. (See instructions.)	
Check only one box.		
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a _____ b <input checked="" type="checkbox"/> Spouse _____ c Dependents: (1) First name _____ Last name _____ Nicholas _____ Jessica _____ (2) Dependent's social security number _____ Child _____ Child _____ (3) Dependent's relationship to you _____ (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions) _____ Add numbers entered on lines above ► 4	
If more than six dependents, see instructions.	No. of boxes checked on 6a and 6b _____ 2 No. of your children on 6c who: a. lived with you _____ 2 b. did not live with you due to divorce or separation (see instructions) _____ Dependents on 6c not entered above _____ Add numbers entered on lines above ► 4	
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2 _____ 7 62,614. 8a Taxable interest. Attach Schedule B if required. 8a 30. b Tax-exempt interest. Do not include on line 8a 8b 9 Ordinary dividends. Attach Schedule B if required 9 2. 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 0. 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 Other gains or (losses). Attach Form 4797 14 15a Total IRA distributions 15a b Taxable amount (see instrs) 15b 16a Total pensions & annuities 16a 31,189. b Taxable amount (see instrs) 16b 10,545. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 1,040. 20a Social security benefits 20a b Taxable amount (see instrs) 20b 21 Other income. List type & amount (see instrs) 21 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► 22 74,231.	
Adjusted Gross Income	23 IRA deduction (see instructions) 23 24 Student loan interest deduction (see instructions) 24 25 Medical savings account deduction. Attach Form 8853 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed health insurance deduction (see instructions) 28 29 Keogh and self-employed SEP and SIMPLE plans 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 Add lines 23 through 31a 32 33 Subtract line 32 from line 22. This is your adjusted gross income 33 74,231.	

Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2000

(99) IRS use only — Do not write or staple in this space.

For the year Jan 1-Dec 31, 2000, or other tax year beginning

, 2000, ending

, 20

OMB No. 1545-0074

Label
(See instructions.)**Use the IRS label.**
Otherwise,
please print
or type.**Presidential
Election
Campaign**
(See instructions.)

Your First Name

MI

Last Name

Timothy A

Haviland

If a Joint Return, Spouse's First Name

MI

Last Name

Amy

Haviland

Home Address (number and street). If You Have a P.O. Box, See Instructions.

Apartment No.

City, Town or Post Office. If You Have a Foreign Address, See Instructions.

State

ZIP Code

Oceanside

NY

► Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? □ Yes □ No

Spouse

Important!
You must enter your social security number(s) above.

COPY

Filing Status

- 1 Single
 2 Married filing joint return (even if only one had income)
 3 Married filing separate return. Enter spouse's SSN above & full name here ►
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►
 5 Qualifying widow(er) with dependent child (year spouse died ►). (See instructions.)

Check only
one box.**Exemptions**

b <input checked="" type="checkbox"/> Spouse				No. of boxes checked on 6a and 6b	2
c Dependents:	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instructions)
	Nicholas			Son	<input checked="" type="checkbox"/>
	Jessica			Daughter	<input checked="" type="checkbox"/>
d Total number of exemptions claimed				No. of your children on 6c who: a. lived with you	2

If more than six dependents, see instructions.

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	66,740.
8a Taxable interest. Attach Schedule B if required	8a	139.
b Tax-exempt interest. Do not include on line 8a	8b	
9 Ordinary dividends. Attach Schedule B if required	9	67.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	0.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	13	1,543.
14 Other gains or (losses). Attach Form 4797	14	
15a Total IRA distributions	15a	b Taxable amount (see instrs)
16a Total pensions & annuities	16a	b Taxable amount (see instrs)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	6,230. b Taxable amount (see instrs)
21 Other income. List type & amount (see instrs)	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22	73,785.

Adjusted Gross Income

23 IRA deduction (see instructions)	23	
24 Student loan interest deduction (see instructions)	24	
25 Medical savings account deduction. Attach Form 8853	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed health insurance deduction (see instructions)	28	
29 Self-employed SEP, SIMPLE, and qualified plans	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ►	31a	
32 Add lines 23 through 31a	32	
33 Subtract line 32 from line 22. This is your adjusted gross income ►	33	73,785.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 11/07/00

Form 1040 (2000)

DECEASED Timothy Haviland 09/11/2001		U.S. Individual Income Tax Return 2001		(99) IRS use only — Do not write or staple in this space.
Label (See instructions.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign (See instructions.)		For the year Jan 1 - Dec 31, 2001, or other tax year beginning _____, 2001, ending _____, 2001		OMB No. 1545-0074
		Your First Name _____ MI _____ Last Name _____ Timothy _____ Haviland _____		Your Social Security Number [REDACTED]
		If a Joint Return, Spouse's First Name _____ MI _____ Last Name _____ Amy _____ Haviland _____		Spouse's Social Security Number [REDACTED]
		Home Address (number and street). If You Have a P.O. Box, See Instructions. [REDACTED]		Apartment No. _____
		City, Town or Post Office. If You Have a Foreign Address. See Instructions. Oceanside		State ZIP Code NY [REDACTED]
		Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ► <input type="checkbox"/> Yes <input type="checkbox"/> No		Important! You must enter your social security number(s) above.
Filing Status Check only one box.		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's SSN above & full name here ... ► _____ 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ► _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ► _____). (See instructions.)		
Exemptions If more than six dependents, see instructions.		6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a _____ b <input checked="" type="checkbox"/> Spouse _____ c Dependents: (1) First name _____ Last name _____ Jessica M Kemp _____ [REDACTED] Nicholas S Kemp _____ [REDACTED] (2) Dependent's social security number _____ Daughter <input checked="" type="checkbox"/> Son <input checked="" type="checkbox"/> (3) Dependent's relationship to you _____ (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) <input type="radio"/> lived with you 2 <input type="radio"/> did not live with you due to divorce or separation (see instrs) _____ Dependents on SC not entered above _____ Add numbers entered on lines above ► 4		No. of boxes checked on 6a and 6b 2 No. of your children on SC who: _____
		d Total number of exemptions claimed _____		4
Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.		7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b _____ 9 Ordinary dividends. Attach Schedule B if required 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a Total IRA distributions 15a _____ b Taxable amount (see instrs) 16a Total pensions & annuities 16a _____ b Taxable amount (see instrs) 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a _____ b Taxable amount (see instrs) 21 Other income TAXPAYER DIED AT WIC 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►		7 57,175. 8a 293. 9 130. 10 1,561. 11 12 13 14 15b 16b 17 18 19 20b 8,101. 21 27,434. 22 94,694.
Adjusted Gross Income		23 IRA deduction (see instructions) 23 _____ 24 Student loan interest deduction (see instructions) 24 _____ 25 Archer MSA deduction. Attach Form 8853 25 _____ 26 Moving expenses. Attach Form 3903 26 _____ 27 One-half of self-employment tax. Attach Schedule SE 27 _____ 28 Self-employed health insurance deduction (see instructions) 28 _____ 29 Self-employed SEP, SIMPLE, and qualified plans 29 _____ 30 Penalty on early withdrawal of savings 30 _____ 31a Alimony paid b Recipient's SSN 31a _____ 32 Add lines 23 through 31a 32 _____ 33 Subtract line 32 from line 22. This is your adjusted gross income 33 _____		94,694.